Filing Date

May be used for additional claims or amendments AS FILED CLAIMS AFTER FIRST AFTER SECOND **AMENDMENT AMENDMENT BEST AVAILABLE COPY** Indep Depend Indep Depend Indep Depend Indep Depend Depend Indep Depend 51. 2 52 3 53. 4 54 5. 55 6 56 7. 57 8 58 9 59 10. 60 11 61 12 62 13. 63 14 64 15 65 16 66 17 67 18 68 19, 69 20 70 21 71 22 72 23 73 24 .74 25. 75 26-76 27-77 28 78 29: 79 30-80 31. 81 32 82 33 83 34 84 35. 85 36 86 - 15° 87. : ∵737∌ 38 88 39 89 90 40 41 91 42 . 92 43. 93 44: 94 95 45 96 46 47 97 98 48 99 49 50 100 Total Total Indep Indep Total Total Depend Depend Total Total Claims Claims

Application Number

CLAIMS ONLY